

Exhibit

The Annual Employment Report is filed for Tichenor License Corporation, as licensee of Stations KLAT, Houston, KRTX, Rosenberg-Richmond, KRTX-FM, Winnie, KOVA, Rosenberg, KOVE-FM, Port Arthur, and KLTO, Galveston, Texas, and HBC Houston License Corporation, as licensee of Station KLTN, Houston, Texas (all in the Houston, Texas market). Although the foregoing stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for these stations because the licensees are both subsidiaries (directly or indirectly) of Hispanic Broadcasting Corporation, and the stations are all in the same market (Houston, Texas) and have at least one employee in common.

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

☒ Radio

☐ TV

☐ Educational Radio

☐ HQ

☐ Low Power TV

☐ Educational TV

☐ International

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
WIND (AM)	67068	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Chicago
WOJO (FM)	67073	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Evanston
WLXX (AM)	11196	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Chicago
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

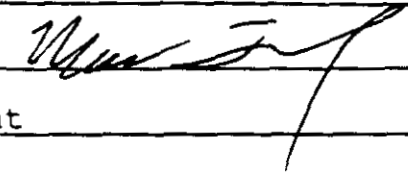
- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	16	5		2			2		6	1	
PROFESSIONALS	18			16					2		
TECHNICIANS	6	2		4							
SALES WORKERS	20	1		9			2		8		
OFFICE & CLERICAL	6							1	5		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	66	8		31			4	1	21	1	

**B. PART-TIME PAID
EMPLOYEE DATA**

B CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	13			10					3		
TECHNICIANS	4			3			1				
SALES WORKERS											
OFFICE & CLERICAL	6	1		1					4		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	23	1		14			1		7		

Exhibit

This Annual Employment Report is being filed for Tichenor License Corporation ("TLC"), as licensee of Stations WIND, Chicago and WOJO(FM), Evanston, Illinois, and for WLXX-AM License Corp.(WLXX L/C"), licensee of Station WLXX(AM), Chicago, Illinois. Although the foregoing stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for the stations because TLC and WLXX L/C are both subsidiaries (directly or indirectly) of Hispanic Broadcasting Corporation, and the stations are in the same market (Chicago, Illinois) and have at least one employee in common.

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee TMS License California, Inc.		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KSOL (FM)	70032	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	San Francisco, CA
KZOL (FM)	70033	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Santa Cruz, CA
KSOL-FM2	70028	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Sausalito, CA
KSOL-FM3	14485	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Pleasanton, CA
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

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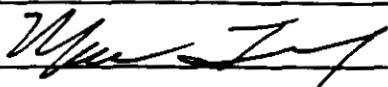
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	10	1		3			5		1		
PROFESSIONALS	5			4					1		
TECHNICIANS	3								3		
SALES WORKERS	8	2		3			1		2		
OFFICE & CLERICAL	5						1		4		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	31	3		10			7		11		

**B. PART-TIME PAID
EMPLOYEE DATA**

B CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS	2			2							
SALES WORKERS											
OFFICE & CLERICAL	3			1					2		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	4			3					1		
SERVICE WORKERS											
TOTAL	9			6					3		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KLSQ		<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	East Las Vegas, NV
KISF (FM)	28893	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Las Vegas, NV
KLSQ (AM)	36694	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Laughlin, NV
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX


- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	5	1		1			1		2		
PROFESSIONALS											
TECHNICIANS	7			6					1		
SALES WORKERS	11	1		6			2		2		
OFFICE & CLERICAL	3								3		
CRAFT WORKERS (SKILLED)	1	1									
OPERATIVES (SEMI-SKILLED)	1			1							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	28	3		14			3		8		

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	None										

Exhibit

This Annual Employment Report is filed for KLSQ-AM License Corp., licensee of Station KLSQ (AM synchronous operation), East Las Vegas¹, and HBC License Corporation, as licensee of Station KISF, Las Vegas, Nevada. Although these stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for the stations because the licensees are both subsidiaries of Hispanic Broadcasting Corporation, and the stations are located in the same market (Las Vegas, Nevada) and have at least one employee in common.

¹ This Report also includes KLSQ-AM License Corp.'s Station KLSQ(AM), licensed to Laughlin, Nevada (Facility ID No. 36694), which has fewer than five fulltime employees (and therefore no separate report is required for this station).

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee HBC License Corporation		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

- ☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KLNV (FM)	51515	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	San Diego, CA
KLQV (FM)	51164	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	San Diego, CA
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

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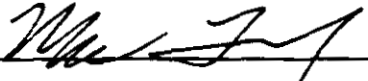
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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	12	3		4			4		1		
PROFESSIONALS	11			7					4		
TECHNICIANS	1			1							
SALES WORKERS	7	1		3			1		2		
OFFICE & CLERICAL	7			3			1		3		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	38	4		18			6		10		

**B. PART-TIME PAID
EMPLOYEE DATA**

CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	7			4					2	1	
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	8			6					2		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	15			10					4	1	

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

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Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

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A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KHOT-FM	59422	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Paradise Valley, AZ
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

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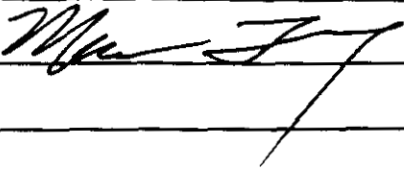
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Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

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EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	7	2		2			1		2		
PROFESSIONALS	3			2					1		
TECHNICIANS	1	1									
SALES WORKERS	7			3			2		2		
OFFICE & CLERICAL	5						1		4		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	1			1							
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	24	3		8			4		9		

**B. PART-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	1								1		
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL	2								2		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)	2			2							
SERVICE WORKERS											
TOTAL	5			2					3		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

- ☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
WQBA (AM)	73912	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Miami, FL
WAQI (AM)	37254	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Miami, FL
WAMR-FM	61658	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Miami, FL
WRTO (FM)	37253	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Goulds, FL
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

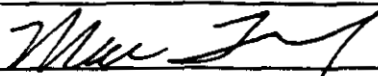
- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	16	2		8					6		
PROFESSIONALS	48			38					10		
TECHNICIANS	11			11							
SALES WORKERS	27			12					15		
OFFICE & CLERICAL	26			6					20		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	3			3							
LABORERS (UNSKILLED)											
SERVICE WORKERS	2			1					1		
TOTAL	133	2		79					52		

**B. PART-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	8			5					3		
TECHNICIANS	1			1							
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	9			6					3		

Exhibit

This Annual Employment Report is being filed for WOBA-AM License Corp., licensee of Station WQBA, Miami, WOBA-FM License Corp., licensee of Station WAMR-FM, Miami, License Corp. 1, licensee of Station WAQI, Miami, and License Corp. 2, licensee of Station WRTO, Goulds, Florida. Although the foregoing stations are licensed to different entities, it is appropriate to file a single FCC Form 395-B for the stations because the foregoing licensees are all subsidiaries of Hispanic Broadcasting Corporation, and the stations are located in one market (Miami, Florida) and have at least one employee in common.

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee WADO-AM License Corp.		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
☐ Low Power TV
☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
WADO (AM)	70684	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	New York, NY
WCAA (FM)	46978	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Newark, NJ
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

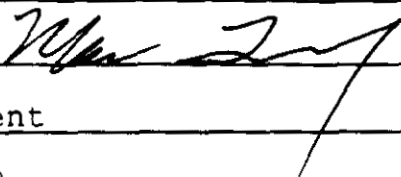
- ☐ Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL	MALE					FEMALE				
		WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS	12	1	1	10							
PROFESSIONALS	27			20					7		
TECHNICIANS	8		8								
SALES WORKERS	19	2		16			1				
OFFICE & CLERICAL	9			1					8		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	2		2								
LABORERS (UNSKILLED)											
SERVICE WORKERS	1								1		
TOTAL	78	3	11	47			1		16		

**B. PART-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	4			3					1		
TECHNICIANS	1			1							
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)	1			1							
LABORERS (UNSKILLED)											
SERVICE WORKERS	1								1		
TOTAL	7			5					2		

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee See Exhibit		
Mailing Address 3102 Oak Lawn Avenue (Suite 215)		
City Dallas	State or Country (if foreign address) TX	ZIP Code 75219-6991
Telephone Number (include area code) Contact Counsel (202) 293-3860	E-Mail Address (if available)	
Facility ID Number See below		Call Sign

SECTION II

A. TYPE OF RESPONDENT

Commercial Broadcast Station

Noncommercial Broadcast Station

Headquarters

- ☒ Radio ☐ TV
 ☐ Low Power TV
 ☐ International

- ☐ Educational Radio
☐ Educational TV

☐ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)
KLNO (FM)	41380	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Ft. Worth, TX
KESS (AM)	34298	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Ft. Worth, TX
KDOS (FM)	57376	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Gainesville, TX
KDXX-FM	57377	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Corsicana, TX
KDXX (AM)	57375	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	Dallas, TX
KDXT-FM	21599	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Granbury, TX
KHCK (FM)	7040	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	Denton, TX
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) July 1 - 15, 2000

B. CHECK APPLICABLE BOX

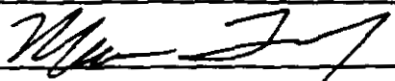
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☒ Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed 	Print Name McHenry T. Tichenor, Jr.
Title President	Telephone No. (include area code) (214) 525-7700
Date 9/27/00	

SECTION V - EMPLOYEE DATA**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL	MALE					FEMALE				
		WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS	16	1		8				1	6		
PROFESSIONALS	18			15			1		2		
TECHNICIANS	4	1		3							
SALES WORKERS	17			8			1		8		
OFFICE & CLERICAL	10						2	1	7		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	65	2		34			4	2	23		

**B. PART-TIME PAID
EMPLOYEE DATA**

		MALE					FEMALE				
DB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE
	(a-j)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
OFFICIALS & MANAGERS											
PROFESSIONALS	9			8					1		
TECHNICIANS	6			5					1		
SALES WORKERS											
OFFICE & CLERICAL	3			3							
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	18			16					2		

Exhibit

This Annual Employment Report is filed for KESS-AM License Corp., licensee of Station KESS, Fort Worth, KICI-FM License Corp., licensee of Station KDXX, Dallas, KESC-FM License Corp., permittee of Station KDOS, Gainesville, KHCK-FM License Corp., licensee of Station KHCK, Denton, KCYT-FM License Corp., licensee of Station KDXT-FM, Granbury, and HBC License Corporation, as licensee of Station KLNO, Fort Worth, Texas. Although the foregoing stations are licensed to different entities, it is appropriate to file a single Form FCC 395-B for the stations because all of the licensees are subsidiaries of Hispanic Broadcasting Corporation, and the stations are located in the same market (Dallas/Fort Worth, Texas) and have at least one employee in common.

ATTACHMENT 5

The following chart reflects the total number of full-time Hispanic employees shown in Section V A of the 2000 Annual Employment Reports (FCC Form 395-B) for Clear Channel Communications, Inc. ("CCCI")¹ and Hispanic Broadcasting Corporation ("HBC")² for the twelve markets which are the subject of Exhibits 5 through 16 of the Petition to Deny filed by the National Hispanic Policy Institute, Inc.:

<u>Petition</u>	<u>Market</u>	<u>Clear Channel</u>	<u>HBC</u>
Exhibit 5	Harlingen	24	47
Exhibit 6	El Paso	26	28
Exhibit 7	Los Angeles	62	103
Exhibit 8	Las Vegas ³	(fewer than 5 total employees)	22
Exhibit 9	San Diego	23	28
Exhibit 10	San Antonio	20	53
Exhibit 11	San Francisco	14	21
Exhibit 12	Houston	23	63
Exhibit 13	Chicago	4	52
Exhibit 14	Phoenix	11	17
Exhibit 15	Miami	38	131
Exhibit 16	New York	17	63

¹ The CCCI reports were for the payroll period "9/30/00."

² The HBC reports were for the payroll period July 1-15, 2000.

³ The CCCI report lists only HBC Station KLSQ, East Las Vegas, Nevada (synchronous operation). HBC has three stations in the market – KLSQ, East Las Vegas (synchronous operation), KLSQ(AM), Laughlin, and KISF(FM), Las Vegas, Nevada.



DECLARATION OF McHENRY T. TICHENOR, JR.

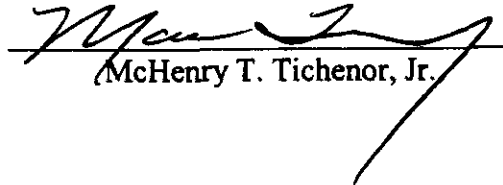
I, McHenry T. Tichenor, Jr., declare under penalty of perjury as follows:

1. I am President, Chief Executive Officer and Chairman of the Board of Hispanic Broadcasting Corporation ("HBC"). HBC was formed on February 14, 1997, as a result of the merger of Heftel Broadcasting Corporation and Tichenor Media System, Inc. (the "Tichenor/Heftel Merger"), and for a time after the merger remained known as Heftel Broadcasting Corporation. For simplicity, I refer to the company as it existed after the Tichenor/Heftel Merger as "HBC."
2. HBC is a publicly-traded company. It is operated and controlled on a day-to-day basis by myself and other senior HBC management. HBC's management serves at the pleasure of, and under the direction of, HBC's Board of Directors. The members of HBC's Board of Directors are, in turn, elected by HBC's voting stockholders. HBC's voting stockholders thus exercise ultimate control over the actions and operations of the company. HBC is not now and, since the Tichenor/Heftel Merger, never has been controlled by Clear Channel Communications, Inc. ("Clear Channel"). Clear Channel holds no voting stock in HBC. The nonvoting stock which Clear Channel holds in HBC affords Clear Channel no right or ability to vote with respect to who shall serve on HBC's Board of Directors or with respect to any other matter affecting HBC, other than several extraordinary corporate matters (such as a merger or transfer of the company resulting in its current stockholders owning less than fifty percent of the capital stock of the surviving entity). The nature of those extraordinary Clear Channel voting rights has previously been disclosed to and approved by the Federal Communications Commission.
3. The agreement governing the Tichenor/Heftel Merger provided that immediately prior to the formation of HBC in February of 1997, the pre-merger Heftel entity would take such actions as were necessary to cause the HBC Board of Directors to be composed of five designees of Tichenor Media System, Inc. The Tichenor Media System, Inc. board authorized me to designate each person who would serve on HBC's Board of Directors. I decided to ask two persons who had served on the board of the pre-merger Heftel entity to serve on the HBC Board after satisfying myself as to their qualifications, independence and loyalty to HBC, and I appointed three persons to the HBC Board who had served on the board of the pre-merger

Tichenor entity. Since that time, each of these five Directors has been re-elected to HBC's Board on six separate occasions, at the annual meetings of HBC stockholders, by the voting stockholders of HBC. As a nonvoting stockholder, Clear Channel had no right to vote, and did not vote, for any member of HBC's Board in any of those elections.

4. The HBC Board of Directors' fiduciary duty of loyalty is owed to HBC and to its stockholders as a whole. It not owed to Clear Channel, other than as one of HBC's many stockholders. In my experience and to my knowledge, the members of HBC's Board of Directors have at all times acted in conformity with their duty of loyalty to HBC and to its stockholders as a whole.

5. The decision to recommend to HBC's stockholders the approval of the proposed merger with Univision Communications, Inc. was made because, in the unanimous judgment of HBC's Board of Directors, the proposed merger is in the best interest of HBC's stockholders as a whole. Due to the extraordinary nature of the transaction, and pursuant to its approval rights previously approved by the FCC, an affirmative vote by Clear Channel will be required for the transaction to be consummated. Clear Channel has agreed to vote in favor of the transaction, presumably because it decided that the proposed merger is in its own best interest, just as HBC's Board has determined that the proposed merger is in the best interest of HBC's stockholders as a whole.


McHenry T. Tichenor, Jr.

Dated: September 17, 2002

CERTIFICATE OF SERVICE

I, Barbara J. McKeever, hereby certify that, on this 18th day of September, 2002, I have sent by first class U. S. mail, postage prepaid, or caused to be hand delivered, a copy of the foregoing "Consolidated Opposition To Petitions To Deny" to the following:

David Brown*
Federal Communications Commission
Media Division
The Portals II
445 12th Street, S.W., Room 2-C316
Washington, D.C. 20554

Arthur V. Belendiuk, Esq.*
Smithwick & Belendiuk, P.C.
5028 Wisconsin Avenue, N.W., Suite 301
Washington, D.C. 20016
Counsel for National Hispanic
Policy Institute, Incorporated

Harry F. Cole, Esq.*
Fletcher, Heald & Hildreth, P.L.C.
1300 North 17th Street, 11th Floor
Arlington, VA 22209-3801
Counsel for Elgin FM Limited
Partnership

Lauren Lynch Flick, Esq.
Shaw Pittman, LLP
2300 N Street, N.W.
Washington, D.C. 20037
Counsel for Univision Communications, Inc.

U.S. Department of Justice
Antitrust Division
Litigation II Section
1401 H Street, N.W., Suite 3000
Washington, D.C. 20530
Attention: John Filippini, Esq.


Barbara J. McKeever

* Via Hand Delivery